**CONFIRMATION OF STAY**

**ERASMUS STUDENT MOBILITY**

This is to confirm that Ms/Mr…………………………………………………………………………………………………

performed Erasmus Student Mobility at our Institution.

**From: ------/--------/-------(**to be filled **at the beginning** of the Erasmus Mobility Period)

 **day/month/year**

Name of the Coordinator:

Signature and Stamp:

Date:

**Until: ------/--------/-------**(to be filled **at the end** of the Erasmus Mobility Period)

 **day/month/year**

Name of the Coordinator:

Signature and Stamp:

Date:

*The confirmation must be signed AFTER the ending of the study period (never before). The date of signature must be EQUAL or GREATER than the end date of the study period.*

\*\*\*Please bring this document to ABU Erasmus Office upon return.